

SERFF Tracking Number: TRGR-125564532 State: Arkansas
Filing Company: Southern Insurance Company State Tracking Number: #302369 \$50
Company Tracking Number: 08-020AR-MP
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Commercial Multiperil
Project Name/Number: Company Notice of Terrorism/08-020

Filing at a Glance

Company: Southern Insurance Company
Product Name: Commercial Multiperil SERFF Tr Num: TRGR-125564532 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #302369 \$50
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: 08-020AR-MP State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montes, Llyweyia Rawlins, Brittany Yielding
Author: Jerry Mobley Disposition Date: 04/02/2008
Date Submitted: 03/25/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 04/02/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 04/02/2008
State Filing Description:

General Information

Project Name: Company Notice of Terrorism Status of Filing in Domicile: Authorized
Project Number: 08-020 Domicile Status Comments:
Reference Organization: Insurance Services Office Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 04/02/2008
State Status Changed: 04/02/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Filing our company Notice - Offer of Terrorism Coverage and Disclosure of Premium. This form also allows insureds to reject the terrorism coverage.

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Company and Contact

Filing Contact Information

Jerry Mobley, Senior Filings Specialist Jerry.mobley@republicgroup.com
5525 LBJ Freeway (972) 788-6619 [Phone]
Dallas, TX 75240 (972) 788-6609[FAX]

Filing Company Information

Southern Insurance Company CoCode: 19216 State of Domicile: Texas
5525 LBJ Freeway Group Code: 3489 Company Type:
Dallas, TX 75240 Group Name: The Republic Group State ID Number:
(972) 788-6001 ext. [Phone] FEIN Number: 75-6021170

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 form filing fee for one company
Per Company: No

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 0000302369 | \$50.00 | 03/25/2008 |

Created by SERFF on 04/02/2008 01:31 PM

| | | | |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>TRGR-125564532</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Southern Insurance Company</i> | <i>State Tracking Number:</i> | <i>#302369 \$50</i> |
| <i>Company Tracking Number:</i> | <i>08-020AR-MP</i> | | |
| <i>TOI:</i> | <i>05.0 Commercial Multi-Peril - Liability & Non-</i> | <i>Sub-TOI:</i> | <i>05.0000 CMP Sub-TOI Combinations</i> |
| | <i>Liability</i> | | |
| <i>Product Name:</i> | <i>Commercial Multiperil</i> | | |
| <i>Project Name/Number:</i> | <i>Company Notice of Terrorism/08-020</i> | | |

Disposition

Disposition Date: 04/02/2008

Effective Date (New): 04/02/2008

Effective Date (Renewal): 04/02/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRGR-125564532 State: Arkansas

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Filing Memorandum | Approved | Yes |
| Supporting Document | Expedited Filing Transmittal | Approved | Yes |
| Form | Notice - Offer of Terrorism Coverage | Approved | Yes |

SERFF Tracking Number: *TRGR-125564532* *State:* *Arkansas*
Filing Company: *Southern Insurance Company* *State Tracking Number:* *#302369 \$50*
Company Tracking Number: *08-020AR-MP*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:* *05.0000 CMP Sub-TOI Combinations*
 Liability
Product Name: *Commercial Multiperil*
Project Name/Number: *Company Notice of Terrorism/08-020*

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--------------------------------------|---------|--------------|------------------------|----------------------|-------------|--|
| Approved | Notice - Offer of Terrorism Coverage | IL R012 | 01 08 | Disclosure/ New Notice | | | IL R012 0108 Offer of Terrorism Cov.pdf |

Policy Number:

NOTICE - OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

The Terrorism Risk Insurance Act of 2002 established a program within the Department of the Treasury under which the federal government shares the risk of loss from any future terrorist attacks with the insurance industry. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. To be certified under the Act, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals with the intent to coerce the government or population of the United States. In accordance with the Terrorism Risk Insurance Act of 2002, which is amended by the Reauthorization Act of 2007, we are required to offer you coverage for these described losses.

DISCLOSURE OF FEDERAL AND INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds our insurance company's retention (deductible). However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

DISCLOSURE OF PREMIUM

If you accept this offer, the premium for terrorism coverage is _____.

The additional premium for this coverage will be reflected in your coverage quotation or in the policy declarations. Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

Contact your agent if you have any questions.

Named Insured _____

REJECTION STATEMENT

You may choose to reject the offer by signing the following statement and returning it to us and your policy will be written to exclude the described coverage.

I hereby reject the offer of terrorism coverage. I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Date

| | | | |
|---------------------------------|---|-------------------------------|---|
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Rate Information

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty
Bypass Reason: Expedited Filing Transmittal submitted.
Comments:

Review Status:
Approved 04/02/2008

Satisfied -Name: Filing Memorandum
Comments:
Attachment:
FM_terrorism 2007mp.pdf

Review Status:
Approved 04/02/2008

Satisfied -Name: Expedited Filing Transmittal
Comments:
Attachment:
Expedited form-mp2007.pdf

Review Status:
Approved 04/02/2008

Filing Memorandum

The Federal Terrorism Risk Insurance Act of 2002 (TRIA) is amended by the Reauthorization Act of 2007 and signed into law December 26, 2007. We rely on the Insurance Services Office for the necessary forms and rules to comply with this act as amended. The forms and rules applicable to the lines of insurance included within the package policy will apply.

Attached is the Expedited Filing Transmittal Document that lists our company form to provide Notice of Terrorism coverage and Rejection option that is mailed to our insureds. They have the option of rejecting the coverage and not paying the applicable premium charge.

If you have any questions, please contact me as provided in the filing.

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**
This page applies to the following state(s) Arkansas

| |
|--|
| Indicate Type of Filing |
| X Filing Related to <i>Certified Losses</i> |
| ف Filing Related to <i>Non-Certified Losses</i> |
| ف Filing Applicable to Both Certified and Non-Certified Losses |

| |
|---------------------|
| Department Use only |
| |

| Company Name(s) | Domicile | NAIC # | FEIN # |
|----------------------------|----------|------------|------------|
| Southern Insurance Company | Texas | 3489-19216 | 75-6021170 |
| | | | |
| | | | |
| | | | |

Contact Info for Filer

| Name and address of Filer(s) | Telephone # | FAX # | e-mail |
|---|--------------|--------------|--|
| Jerry Mobley Southern Insurance Company P. O. Box 809076, Dallas, TX 75380-9649 | 972-788-6619 | 972-788-6022 | Jerry.Mobley@republicgroup.com |

Filing information

| | |
|---|---------------------------|
| Line of Insurance (see attachment) | Commercial Multi-peril |
| Company Program Title (Marketing title) (if applicable) | Same |
| Filing Type ** see note below | Forms |
| This application is used with: | Commercial Package Policy |
| Effective Date Requested | Immediate Use |
| Filing date | 3/25/08 |
| Company Tracking Number | 08-020ar-mp |
| Date filing approved in domiciliary state, if applicable | Same |

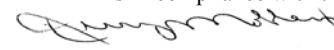
| | <u>Component/Form Name</u> <u>/Description/Synopsis</u> | Form # or Rate Page Include edition date | Replacement Or withdrawn? | If replacement, give form # or rate page(s) it replaces | Previous State Filing Number, if required by state |
|----|---|---|---|--|---|
| 01 | Notice –Offer of Terrorism Coverage and Disclosure of Premium | IL R012 0108 | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |
| 02 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |
| 03 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- X Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- X Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Jerry Mobley

Print Name:

State Filings Analyst
Title: